

stitches of chronicized catgut. The use of stitches has an additional advantage that certainly in some cases union of a torn cervix is thereby promoted. The passing of stitches is attended with little difficulty, and to our minds is far more satisfactory than the application of forceps.]

**Albuminuria in Pregnancy.**—At a meeting of the Obstetrical Society of Berlin, VEIT (*Centralblatt für Gynäkologie*, 1902, No. 21), in a paper upon this subject, calls attention to the influence exerted in the production of albuminuria by syncytial cells and by other embryonal tissues carried to different parts of the mother's body in emboli and thrombi. This question suggested the possibility of producing artificial immunity to this malignant action of the embryo by the injection of placental tissue.

Veit's paper calls attention to some modern researches upon the rôle played by the placenta which lead us to believe that the after-birth is not a medium for the passage of oxygen only, but that it is analogous to the thymus or thyroid in its influence upon the metabolism of the mother.

In the discussion of this paper, Gottschalk drew attention to his paper in the *Archiv für Gynäkologie*, Band xlv. p. 56, in which he ascribed the changes found in the kidneys of the pregnant patient to emboli of syncytial cells. Diseases of the placenta or accident to the placenta would lead to the involvement of the kidneys which might result in eclampsia.

**Albuminuria during Labor.**—In the *Archiv für Gynäkologie*, 1902, Band lxvi., Heft 2, ZANGEMEISTER contributes an extensive paper upon this subject based upon observations made at the Leipzig clinic.

In estimating the frequency of albuminuria occurring in patients actually in labor widely differing results are reported. Thus Meyer reports 41 per cent. of patients in labor having albumin in the urine; Litzman, 44 per cent.; Winkel, 20 per cent.; Petit, 15 per cent.; Möricke, 37 per cent.; Ingersley, 33 per cent.; Lantos, 59 per cent.; Fleischlen, 17 per cent.; Moyer in 1138 cases, 25 per cent.; Aufrecht, 56 per cent.; Trantenroth, 99 per cent.; Friedeberg, 45 per cent.; Pajikull, 100 per cent.; and Saft, 28 per cent.

So far as the quantity of urine voided is concerned, the greatest quantity is seen in the morning, the least at night. So far as the period of pregnancy is concerned, the diuresis increases in the thirty-ninth week, and is less from thence on until labor.

In estimating the occurrence of albuminuria during pregnancy the results of various observers differ from 1 to 50 per cent., the average showing that from 4 to 0.7 per cent. have albumin during pregnancy. After describing the methods employed in the study of these cases, Zangemeister states his conclusions, which are essentially as follows: During pregnancy in healthy women a progressively increasing diuresis occurs, which is notably greater as labor approaches. When parturition begins the diuresis diminishes, and the quantity of urine voided is about one-third of that previously voided during the last months of pregnancy. Immediately after labor there is another increase in the quantity of urine excreted, which gradually gives place to the normal quantity. Zangemeister found in the last months of pregnancy albumin in the urine of 10 per cent. of cases examined. If repeated examinations were made, albumin was found persistently during the

last three months of pregnancy in 40 per cent. of cases examined. About 20 per cent. of pregnant women have urine containing casts.

The belief that primiparæ have casts more frequently in the urine than multiparæ with albumin is not accepted by the writer, who found very little difference between primiparæ and multiparæ. During the last two weeks of pregnancy albumin and casts are much more frequent in all classes of pregnant patients. Small quantities of albumin cannot be considered as abnormal during the last months of pregnancy. The persistent presence of casts indicates an essential lesion of the kidney. The influence of labor upon the constitution of the urine is shown in the presence of epithelia in a condition of cloudy swelling, which comes from the kidneys. These are more frequent, and seem more altered as labor proceeds. White and red blood corpuscles are often found in the urine secreted during labor. In small quantities casts are found during labor in the urine of 40 per cent. of cases, both primiparæ and multiparæ. In considerable quantities casts occur in 23 per cent. of primiparæ and in but 12 per cent. of multiparæ. Until the excessive quantity is present, albumin and casts occur in parallel quantities during labor, and the presence of casts at this time cannot be considered pathological. They must be referred to some lesion of the kidneys in existence before labor.

The albuminuria of pregnancy and the albuminuria of labor are by no means identical. Patients showing albuminuria in pregnancy more frequently have albumin during labor. The most reasonable explanation for the albuminuria of pregnancy lies in some failure in the perfect metabolism of the organism and excretion through the kidney.

The albuminuria occurring during labor must be referred to increased blood pressure in the kidneys, caused by uterine contractions and by the disturbance of the circulation seen during labor.

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**Pneumococcus Meningitis Simulating Puerperal Eclampsia.**—WILSON (*Transactions of the Obstetrical Society of London*, 1902, Part I. p. 5) reports the case of a patient admitted to the Birmingham Hospital in a comatose condition. Her pulse was 140, respiration 38, and temperature 100.8° F. She died without recovering consciousness. Examination showed that she was a multipara, between six and seven months pregnant. There was no œdema of the lungs, and the heart was normal. The urine obtained by catheter was of acid reaction; specific gravity, 1032; contained a large quantity of albumin and 1.5 per cent. of sugar. There were no casts or blood corpuscles.

The history was that the patient had borne seven children, and that five days before admission she complained of severe headache and malaise. The day before admission she was found unconscious in her bedroom; passed through a succession of fits, in which the face was drawn to the right side, and feces and urine voided during the attack. The convulsions continued incessantly until the patient was put under the influence of chloroform. The urine was highly albuminous, and the physician called to see the case diagnosed puerperal eclampsia.

On post-mortem examination it was found that death was due to a purulent meningitis caused by the pneumococcus.